MAY 0 7 2007

PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007			n 📙	Complete if Known				
			I Abb	Application Number 10/726,83				
			- Filin	g Date	3 December 2003			
			First	First Named Inventor Andrew Thomas Forsbe		homas Forsber	9	
Applicant claims small entity status. See 37 CFR 1.27			Exa	Examinar Name Ryan J. Severson				
			- Art 1	<b>Unit</b>	3731			
TOTAL AMOUNT OF PAY	MENT (\$	) 400.00	Atto	mey Docket No.	47563.00	17		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Order Other (please identify):								
Deposit Account Deposit Account Number: 08-2623 Deposit Account Name: Holland & Hart LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  where 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2098.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
AppRestion Type	Fee (\$)	Brnell Entity Fee (5) Fe		al) Entity Fee (5)	Small Ees		ee Pald (\$)	
Utility	300	150 50			00 10			
Design	200	100 10	00	50 13	30 6	s <u> </u>		
Plant	200	100 30	00	150 10	50 8	o		
Reissue	300	150 50	00	250 60	0 . 30	o		
Provisional	200	100	0	0	0	0		
							E <b>ntily</b> ( <b>S)</b> 25	
Each independent claim over 3 (including Reissues)						200 10	-	
Multiple dependent	ciaims Extra Ciai	ma Foe(8) .	Fee Pak	. (e)		360 18 uitipie Depender	-	
42 - 20 or HP = HP = highest number of tots indep. Claims	2	x <u>50.00</u> m. for, if greater than 20.	100.00	0			e Paid (\$)	
B - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greeter than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = (round up to a whole number) x								
4. OTHER FEE(9) Non-English Specification, \$130 fee (no small entity discount)							Foos Paid (\$)	
Other (e.g., late filing surcharge): One-Month Extension of Time Fee; Information Disclosure Statement 300.00								
SUBMITTED BY JIV								
Registration No. 32 000 Telephone pos					799-5830			
Name (Print/Type)   Manual	CHANK		I (Attor	ney/Agent) 33,230		Date 7 May 200		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and automitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form entire regociant for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



HEGEIVED CENTRAL FAX CENTER MAY 0 7 2007

5/7/2007 3:26:46 PM

To: Examiner Ryan J. Severson

U.S. Patent and Trademark Office

Fax: 571-273-8300

Phone:

From: Kathy W. Case

Fax: 877-665-6809

Phone: 801-799-5800

Message:

Please see the attached documents.

## Number of pages including cover sheet: 32

Note: If this fax is illegible or incomplete please call us. This fax may contain confidential information protected by the attorney-client privilege. If you are not the named recipient, you may not use, distribute or otherwise disclose this information without our consent. Instead, please call [801] 799-5800; we will arrange for its destruction or return.

## Holland & Hartus Attorneys at Law

Phone (801) 799-5800 Fax (801) 799-5700 www.hollandhart.com

60 E. South Temple Suite 2000 Salt Lake City, Utah 84111-1031

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. PAGE 1/32 \* RCVD AT 5/7/2007 5:27:35 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-5/17 \* DNIS:2738300 \* CSID:Holland Hart LLP \* DURATION (mm-ss):05-24

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	MINE UNITED STATES TAXENTAL	D TRADEWARK OFFICE					
U.S. P.A	ATENT APPLICATION NO	10726,826					
FILING	3 DATE	3 December 2003					
	ITORS	Andrew Thomas Forsberg					
ASSIG	NEB	St. Jude Medical Puerto Rico B.V.					
GROU	P ART UNIT	3731					
EXAM	INER	Ryan J. Severson					
ATTO	RNBY'S DOCKET NO	47563.0017					
TITLE	***************************************	"Vascular Puncture Seal Anchor Nest"					
TRANSMITTAL LETTER AND CERTIFICATE OF FACSIMILE TRANSMISSION							
To:	Commissioner for Patents From:	L. Grant Foster					
10.							
	P.O. Box 1450	HOLLAND & HART LLP					
•	Alexandria, VA 22313-1450	P.O. Box 11583					
		Salt Lake City, Utah 84147-0583					
		Telephone: (801) 799-5830					
		Facsimile: (801) 799-5700					
Trans	mitted herewith are the items listed below submitt	• •					
,							
1.	Transmittal Letter with Certificate of Facsimile	Fransmission included					
2.	Response to Office Action						
3.	Seven (7) Sheets of Drawings (FIGS. 1A-7 and 10-11)						
4.							
5.	Information Disclosure Statement						
6.	Form PTO/SB/08 (4 Sheets)	•					
7.	Fee Transmittal	•					
<b>,.</b>							
Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of or credit any applicable fees to Deposit Account No. 08-2623.							
		11 0/1 4					
	·						
D-4	1 MAY 2007 BV	A. William _					
Date:							
		L. Graht Foster					
		Registration No. 33,236					
CERTIFICATE OF FACSIMILE TRANSMISSION							
	I hereby certify the items listed above are being	sent via facsimile (facsimile number (571)					
	300) on the below indicated date to the Commission verson, Art Unit 3731.						
Dod-	7 May 2018	Kirthul (/K/					
Date:		gnature: KITMY USC					
	C) N	ame: Kathy Case					
		3706540_1.DOC					